00078100 Requester's Name Address Law Office Mark L. Gaeta, P.A. 1000 SOUTH FEDERAL HIGHWAY FL 333 Lauderdale, Florida 33316-1110 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Photocopy ☐ Certificate of Status ☐ Will wait Mail out **AMENDMENTS NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director ☐ Not for Profit ☐ Change of Registered Agent ☐ Limited Liability ☐ Dissolution/Withdrawal Domestication ☐ Merger Other REGISTRATION/QUALIFICATION **OTHER FILINGS** ☐ Annual Report Foreign ☐ Limited Partnership ☐ Fictitious Name Reinstatement Trademark R.A. ERO. Other

CR2E031(7/97)

9-19-2500

Examiner's Initials

00 SEP 11 PM 5: 17

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is:

UPSON DOWNS, INC.

The name and address if its present registered agent is:

Filings, Inc. 3732 N.W. 16th Street Fort Lauderdale, Florida 33311

The name and address to which its registered agent is to be changed is:

Barbara A. Heyer Gold 1311 SE 4th Ave. Ft. Lauderdale, FL 33316

4. The street address of its registered office and the street address of the business office of its registered agent, as changed are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Sign

Barbara M. Heyer Gold, President/Director

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Date:

Please Print/Typa Name: Barbara A. Mayer Gold				
Signature Jacka of John				
Date:		o		
Division of Corporations FILING FEE \$35, P.O. Box	6327,	Tallahassee,	FL	32314

c:Gaeta\corporat\changeag.Hey